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maintenance fee notificat	a below or alrected our ions.	terwise in Block 1, by (, and/or (b) morearing a sc				
		ock 1 for any change of address)	F	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.					
83619	7590 06/11	/2010							
ATTN: PATENT ROOM 2A- 207		T - GB	1 S a ti	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.					
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			Ī			(Date)			
APPLICATION NO.	APPLICATION NO. FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.			
09/886,046	06/22/2001		Carol Shifrin Grucha	a	P20144 5443				
TITLE OF INVENTION: RELAY SERVICE CEN		F CALLING DEVICES I	DIALING A UNIVERS	AL NUMBER TO A	CCESS A TELECOMMUN	ICATIONS			
APPLN. TYPE	SMALL ENTITY	ISSUE PEE DUE	PUBLICATION FEE DU	E PREV. PAID ISSU	E FEE TOTAL FEE(S) DU	JE DATE DUE			
nonprovisional	NO	\$1510	\$300	\$0	\$1810	09/13/2010			
EXAM	INER	ART UNIT	CLASS-SUBCLASS						
SHAH, A		2614	379-245000						
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. The Address form FTO/SB/122 attached. The Address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patient front page, list (1) the names of up to 3 registered parent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a nember a (2) the name of superior of the parent single parent singl						
3. ASSIGNEE NAME AT	ND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print or	type)					
PLEASE NOTE: Unle recordation as set forth	ess an assignee is ident n in 37 CFR 3.11. Com	ified below, no assignee pletion of this form is NC	data will appear on the T a substitute for filing	patent. If an assign an assignment.	nee is identified below, the	document has been filed for			
(A) NAME OF ASSIC			(B) RESIDENCE: (CITY and STATE OR COUNTRY) RENO, NEVADA, USA						
SRC OPERATIO	NS INC		SAN ANTONIO	TEXAS, USA		_			
Please check the appropri	iate assignee category or	categories (will not be p	rinted on the patent):	☐ Individual ☐ C	orporation or other private	group entity 🗖 Government			
4a. The following fee(s) a	are submitted:	4	b. Payment of Fee(s): (I		ny previously paid issue f	e shown above)			
	o small entity discount j	permitted)	Payment by credit	card.					
Advance Order - # of Copies ONE (1)			The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-0089 (enclose an extra copy of this form).						
5. Change in Entity Stat	tus (from status indicate s SMALL ENTITY state		h. Applicant is no	onger claiming SMA	LL ENTITY status. See 37	CFR 1.27(g)(2).			
	d Publication Fee (if req	uired) will not be accepte	d from anyone other tha			the assignee or other party in			
Authorized Signature	Josh		lashua M. Pevs	ner Date 6	8-31-2010				
Typed or printed name			Reg. #42,086		No. 29,027				
					the public which is to file (minutes to complete, inclu- omments on the amount of I Trademark Office, U.S. D S. SEND TO: Commission displays a valid OMB cont	and by the USPTO to process) ding gathering, preparing, and time you require to complete epartment of Commerce, P.O. er for Patents, P.O. Box 1450, rol number.			

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83619 7	7590 06/11	/2010	navi			-			
AT & T LEGAL ATTN: PATENT ROOM 2A- 207	DOCKETING	T - GB	I he Stat addi tran	Lhereby certify that this Fee(s) Transmits being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.					
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BEDMINSTER, I	NJ 07921						(Signature)		
							(Date)		
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTOR	NEY DOCKET NO.	CONFIRMATION NO.		
09/886,046	06/22/2001		Carol Shifrin Gruchala	P20144 5443			5443		
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APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DUE		
nonprovisional	NO	\$1510	\$300	\$0		\$1810	09/13/2010		
EXAMIN	NER	ART UNIT	CLASS-SUBCLASS						
SHAH, AN		2614	379-245000						
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.563). ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the passen front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a signle firm (having as a member a registered attorney or agent) and the names of up to listed, to name will be printed.						
3. ASSIGNEE NAME AN			THE PATENT (print or tw	oe)					
PLEASE NOTE: Unle recordation as set forth	ss an assignee is ident in 37 CFR 3.11. Comp	ified below, no assignee pletion of this form is NO	data will appear on the p T a substitute for filing an	atent. If an assigr assignment.	ee is ide	ntified below, the d	ocument has been filed fo		
(A) NAME OF ASSIGN AT&T INTELLECT (Formerly known as SBC OPERATION	NEE FUAL PROPERTY SBC Properties, L.P	(B) RESIDENCE: (CITY and STATE OR COUNTRY) RENO, NEVADA USA SAN ANTONIO, TEXAS, USA							
Please check the appropria	te assignee category or	categories (will not be p	rinted on the patent):	Individual 🖾 C	orporatio	n or other private gr	oup entity 🚨 Governmen		
4a. The following fee(s) ar	e submitted:	4	b. Payment of Fee(s): (Plea	ise first reapply a	ny previo	ously paid issue fee	shown above)		
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Publication Fee (No Advance Order - #		The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-0089 (enclose an extra copy of this form).							
5. Change in Entity Statu	SMALL ENTITY state	1s. See 37 CFR 1.27.	☐ b. Applicant is no lon	ger claiming SMA	LL ENTI	TY status. See 37 C	FR 1.27(g)(2).		
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Authorized Signature	Joshin	//	lashua M. Pevsni	(2010			
Typed or printed name	Bruce H. Bernste	ein F	Reg. #42,086	Registration 1	No	29,027			
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